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ABSTRACT

This report describes the process designed in Illinois to respond to President Carter's initiative for a White House Conference on Families. It also describes the product of that process: recommendations in ten topic areas of importance to the American family. Extensive discussions of such topics as children and parents, education, marriage, health, family crisis, child care, law, families and the workplace, and special challenges (such as single parent families, disability and castastrophic illness, and the adolescent parent) and financial policy are provided. Each topic is addressed in terms of (1) a commentary providing background information related to the topic area; and (2) the specification of issues which are developed through policy statements, program recommendations, strategy considerations, and acknowledgment of dissenting reports. Committee members and Illinois delegates to the national conference on families are listed in four appendices. (Author/RH)

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ILLINOIS WHITE HOUSE CONFERENCE ON FAMILIES

STATE REPORT

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WHITE HOUSE CONFERENCE ON FAMILIES: AUTHORITY

PRESIDENTIAL CALL FOR CONFERENCE:

At a White House reception on July 20, 1979, President Jimmy Carter called on a 40 member National Advisory Committee to the White House Conference on Families "to reach out, not only to scholars and to experts, but to the many thousands of Americans around the country who know from their own experience what makes a family strong, to see what we can do, not simply as a government, but as a nation, to strengthen American families". (See Appendix I for National Advisory Committee membership)

NATIONAL ADVISORY COMMITTEE SETS DIRECTIONS:

A. THREE WHITE HOUSE CONFERENCES

At its first meeting on July 19 and 20, 1979, the National Advisory Committee, composed of 20 men and 20 women, elected to hold three White House Conferences around the nation in the summer of 1980 with the idea that "more people can be involved in setting an agenda for action on behalf of American families than can be involved in a single Washington event".

B. GOALS SET

The National Advisory Committee adopted the following goals for the Conference:

1. To initiate broad nationwide discussions of families in the United States.
2. To develop a process of listening and involving families themselves, especially those families which have too often been left out of the formulation of policies which affect their lives.
3. To share what is known about families -- their importance, diversity, strengths, problems, responses to a changing world -- and to generate and share new knowledge about families.

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4. To identify public policies, institutional action, and other factors which may harm or neglect family life, as well as their differing impact on particular groups, and to recommend new policies designed to strengthen and support families.
5. To stimulate and encourage a wide variety of activities in neighborhoods, grass-roots organizations, communities, states, national organizations, media, and other public and private groups focused on supporting and strengthening families and individuals within families.
6. To examine the impact of economic forces (poverty, unemployment, inflation) on families with special emphasis on and involvement of poor families.
7. To encourage diverse groups of families to work together with local, state, and national networks and other institutions for policies which strengthen and support family life.
8. To generate interest in and action on Conference recommendations among individuals, families, governmental and non governmental bodies at every level. These activities will include monitoring and evaluation efforts.

C. TAKING THE WHITE HOUSE CONFERENCE ON FAMILIES TO THE PEOPLE

Public hearings from September through January, 1980, were scheduled:

1. Kansas City, Kansas, September 28
   Lindsborg, Kansas, September 29
2. Nashville, Tennessee, October 12
   Memphis, Tennessee, October 13
3. Denver, Colorado, October 26 and 27
4. Hartford, Connecticut, November 16
   Stamford, Connecticut, November 17
5. Washington, D. C., November 30 and December 1
6. Detroit, Michigan, December 7 and 8
7. Seattle, Washington, January 11

The hearings were open to anyone wanting to testify. Members of the National Advisory Committee served as hearing examiners.

D. THEMES IN CONFERENCE

In order to develop a joint perspective on issues facing families, the National Advisory Committee adopted a set of themes which were to serve as a framework for developing issues.

1. Family Strengths and Supports
2. Diversity of Families
3. The Changing Realities of Family Life
4. The Impact of Public and Private Institutional Policy on Families
5. The Impact of Discrimination
6. Families with Special Needs

E. STATE CONFERENCES AND MEETINGS

The National Advisory Committee emphasized state activities and state conferences from October, 1979 through March, 1980. State Governors were directed to designate the organizations or individuals responsible for planning in their states. Goals of the state conferences and meetings were to gather material on the issues, to develop recommendations, and to elect a number of the delegates to the White House Conference.

F. PURPOSE OF THE THREE WHITE HOUSE CONFERENCES IN SUMMER OF 1980

The purpose of each White House Conference was to discuss key issues relating to families and to develop recommendations on those issues for implementation by national government and major private institutions. Resource materials from all discussions and recommendations were to be drawn from the activities and recommendations developed by the states, the nationa organization and the issue task forces.

ILLINOIS/WHITE HOUSE CONFERENCE ON FAMILIES

THE PROCESS

GOVERNOR'S RESPONSE TO REQUEST:

Governor Thompson responded to the President's request to initiate planning for the White House Conference on Families in Illinois by appointing Mr. James Kiley, his Special Assistant on Social Services, to determine the organizational method for carrying out Illinois' activities for the Conference. Mr. Kiley approached two voluntary organizations to request their assumption of the responsibility for planning and conducting the activities. These were the Illinois Association of Family Service Agencies and the Junior Leagues of Illinois. The Illinois Association of Family Service Agencies is composed of family service provider organizations throughout the state. The Junior League has chapters around the state whose members volunteer numerous hours to varied community services and projects.

The Board of Directors of the Illinois Association of Family Service Agencies took affirmative action on October 4, 1979. The Junior League Chapters were each polled to determine their interest. The following Leagues signified their willingness to be involved on the Executive Coordinating Committee: Chicago, Springfield, Champaign-Urbana, Peoria, Evanston and Greater Alton.

ILLINOIS PLANNING PROCESS:

EXECUTIVE COORDINATING COMMITTEE

In September, 1979, representatives of these two organizations met to select members for an Executive Coordinating Committee for the Illinois/White House Conference on Families. In developing the committee, emphasis was placed on socio economic, ethnic, racial, religious and geographic representation in addition to expertise in White House Conference planning. Two Co-chairpersons were designated by the Governor:

Frances Ann Rohlen - Chicago

Vice President, Education and Training, Junior League of Chicago, Inc.; Volunteer Human Resources Development Consultant

Rodman A. St. Clair - Alton

President, Family Service and Visiting Nurses Association of Alton; President, Illinois Association of Family Service Agencies; Retired Industry Executive

(See Appendix II for Executive Coordinating Committee membership)

PRIORITIES FOR ADMINISTRATIVE PLANNING

Critical administrative and organizational decisions faced the Executive Coordinating Committee. Since the two cosponsoring organizations had no budgetary allocations from Washington or Illinois, operating funds had to be secured. The two cosponsors voted a small amount of seed funding, and a budget was prepared for submission to foundations, corporations and other sources. Francis Moynihan was elected Treasurer, Ann Quisenberry Secretary. The Junior League of Chicago permitted use of its Not-for-Profit 501(c)3 Internal Revenue status in order to meet donors' requirements for tax exemption of their gifts. The United Charities of Chicago donated office space and local telephone service. The Governor's Office offered services-in-kind including a secretary and professional persons on a part time basis. Ann Rohlen assumed the role of central coordinator, volunteering more than full time to the myriad of responsibilities necessitated by the Illinois activities.

Rodman St. Clair assumed responsibility for contacting approximately 200 corporations and businesses. For Springfield based activities, Family

Service Center of Sangamon County provided meeting space for the Executive Coordinating Committee, typing and secretarial help and reproduction of materials. The Junior Leagues of Chicago and Evanston provided volunteer office help. All members of the Executive Coordinating Committee donated personal and professional resources to prepare for the public hearings, public relations efforts and other administrative assignments.

All of this was achieved prior to the official proclamation signed by Governor James R. Thompson on December 17, 1979 (Proclamation reproduced in Appendix III).

PRIORITIES FOR PROGRAM PLANNING

Because of the extremely tight time frame set by the National Advisory Committee, several projects were initiated simultaneously.

Public Hearings

The purpose of the hearings was to give families an opportunity to discuss their experiences and ideas, successes and difficulties relating to contemporary family life. Testimony focused on the identification of the most pressing problems facing American families in the 1980's and developing recommendations for changes in policies and programs to solve these problems.

The Executive Coordinating Committee of the Illinois/White House Conference on Families appealed for testimony from family members themselves, organizations and agencies concerned with families, members of the academic and religious communities, public officials, employers, service providers, and program administrators. Individual family members were encouraged to share both the problems their families face and the resources they mobilize

to support family life. Local affiliates of national organizations were asked to direct their testimony to both the strengths and weaknesses of the families with whom they deal and the varied systems affecting families.

In order to ensure as broad coverage as possible, given the limited time available to publicize the hearings, request testimony, and hold the hearings, mailing lists were secured from a number of resources. A mailing of approximately 7,500 letters was then sent to individuals, associations, and organizations throughout Illinois. As there was not enough time to check the accuracy of the mailing list, some persons received more than one letter, some addresses were obsolete, and some persons whom the Executive Coordinating Committee would like to have reached were not notified. Under the direction of the Executive Coordinating Committee, hearings announcements were broadcast through the media and placed in house organs.

The public hearings were held in Wheaton (11/27/79), Carbondale (11/29/79), Springfield (11/29/79), Chicago (11/30/79), Peoria (11/30/79), Champaign (12/4/79), Rockford (12/4/79), Edwardsville (12/6/79), and Waukegan (12/7/79).

Members of the Executive Coordinating Committee served as the hearing officers. Local members of the Executive Coordinating Committee, with the assistance of the local chapters of the Junior League and the Illinois Association of Family Service Agencies, arranged for the public hearing in their own area.

Ballot for Priorities

In order to secure maximum participation in selecting the ten priority topics affecting the families in Illinois, a ballot was designed by Naomi Hiett, with review and additions by other members of the Executive Coordinating

Committee. Ballots were available to all persons attending the public hearings and were sent to other individuals upon request.

The ballot included 24 major topic areas with 126 possible issues. In addition, each of the major topic areas had a place to add "other" issues not included on the ballot. The "other" additions were to be provided to the Advisory Committee and to the Task Forces for consideration. Each person voted for ten priority topics and the first three priority issues under each of those ten topics. The final vote was: Children and Parents (2843), Education (2013), Marriage (1925), Health (1877), Family Crisis (1731), Child Care (1369), Law (1183), Families and the Workplace (1167), Special Challenges (1066), Financial Policy (1010).

Advisory Committee

A 131 member Advisory Committee was appointed by Governor Thompson from statewide balloting to work with the Executive Coordinating Committee. Appointments were made on the basis of geographic, socio-economic, racial-ethnic and interest group representation. The Advisory Committee was expected to prepare for the March 1980 State Conference by analyzing the ten topics prioritized by Illinois citizens and to draft recommendations addressing each of the ten topics. These objectives were met by the Advisors volunteering to serve on the ten topic Task Forces. Additional persons were added to Task Forces as resource needs became apparent. The analysis and recommendations were based on testimony from the statewide hearings, balloting results, and supplementary research and discussion. Each Task Force had an appointed liaison from the Executive Coordinating Committee in addition to a chairperson. (See Appendix IV for Advisory Committee membership)

The Illinois State Conference

March 7, 1980, was designated for the State Conference, to be held at the Pick Congress Hotel in Chicago. The selection was made early so information could be provided to persons attending Public Hearings as well as others wishing to attend the Conference. Hollie Clay was appointed from the Executive Coordinating Committee to manage Conference arrangements.

There were 500 public slots available, the first 350 accepted on the basis of registration postmark and 150 selected from applicants to achieve statewide parity. The Advisory Committee, the Executive Coordinating Committee, 70 volunteers and 100 observers also attended.

The purposes of the Conference were:

1) for each of the ten topics, to identify three issues and a maximum of five recommendations in policy, program and strategy, and,
2) to elect 26 delegates through the peer election process.

The morning session was devoted to the ten work groups' discussion of topical issues. Over the noon hour, delegates were elected and in the afternoon, workgroups discussed and voted on their recommendations.

Delegate Selection

Based on Congressional representation, Illinois was allocated 78 delegates to Minneapolis, the site of the Regional White House Conference on Families. (See Appendix V for Delegates) Using the guidelines of the National Advisory Committee, the Executive Coordinating Committee designed a three-tiered method of delegate selection to assure broad based statewide representation.

1) Twenty-six persons elected at the State Conference;
2) Twenty-six persons to be appointed by the Governor; and,
3) Twenty-six persons to be appointed by the Executive Coordinating Committee.

The process for electing the twenty-six at the State Conference included:

a) twenty-six nominees from the eight member Nominating Committee elected by the Advisory Committee;

b) all persons nominated by self or others on a nomination form received by February 20, 1980, who met eligibility requirements and who attended the State Conference; and,

c) names nominated from the floor, with the proviso that should more than twenty-six be nominated they would be determined by lottery, with the first twenty-six pulled being the nominees for listing on the ballot.

The registered State Conferees voted for the twenty-six elected delegates. Peat, Marwick, Mitchell & Co. verified and validated both the balloting process and the outcome. The firm provided this service on a non-paid, voluntary basis.

ILLINOIS/WHITE HOUSE CONFERENCE ON FAMILIES:

THE PRODUCT

From the initial Conference notices, through the balloting, hearings, task force reports and the State Conference, the intent of the process was to identify the most critical problems families contend with and to delineate recommendations for the regional and national White House Conferences on the Family.

The product, presented in the following pages, is a melding of Task Force Reports prepared after the statewide public hearings in preparation for the Conference and the results voted by State Conferees.

Within each of the ten major topics, three major issues were stated, and policy, program and strategy recommendations were developed to address each of the three issues. In addition to the conference results, dissenting reports were generated within some of the topic groups.

The following summary and conclusions, the PRODUCT of the Illinois White House Conference on Families, will reflect the outcome of all phases of the process. The discussion is arranged topically from highest to lowest priority as determined by the balloting tally.

I

CHILDREN AND PARENTS

Commentary:

Of all the potential topics for inclusion in the Illinois Conference, the relationship between children and parents was identified by more people as the most serious challenge to the family. More and more of our young people are experiencing school problems, using and abusing chemicals, becoming pregnant, attempting and succeeding in suicide, being placed in foster homes, and entering juvenile justice systems. There is relative agreement that one primary causative factor in the increased rates of deviancy from past norms is the breakdown in family communications systems, the alienation of children from parents.

Most of the prominent theoretical frameworks on child development support the basic premise that parental influence, especially in the first few years of life, does much to determine a child's path. From the parents' caretaking patterns in early weeks and months of infancy (feeding, sleeping, cleaning, holding, making sounds), the impact of parents on children is overwhelming. All theories of human development, from Freud to Piaget to Erickson, emphasize the contribution of home environment to a child's ego integrity, personality characteristics, reality perception and testing, relationship building, and conflict resolution. The way youngsters gain approval, affection and attention, the way they handle anger and tolerate frustration, the way they master survival skills and techniques are undeniably interwoven with parental communications, both overt and covert.

Research into family relationships and communications indicates that family disorientation is a root cause of childhood and adolescent deviancy, crime and violence. Stress in families -- economic, social, environmental, emotional -- translates to family communications. Among the many pressures

are more families needing two incomes, separation of generations due to geographic mobility, societal permission for women's fulfillment through activities out of the home. Families, parents and children alike, are pulled more ways, are offered more choices than ever before.

Enough has been written on the demise of the nuclear and extended family for all Americans to appreciate the past decades' changes in parent-child relationships. Regrettably, this has not been accompanied by much in the way of helping the family cope with or adjust to the changes. While there is an understanding that stable nuclear families -- parents and children -- are bound by common causes, mutual understanding and respect, consistent parental communication and nurturing, there is not agreement on the methods for achieving that ideal. How do people learn to be "good" parents? What communications and role modeling techniques are the "right" ones? Where and how do potential parents learn how not only to survive the challenges of parenting but to develop health, strength and competence in their children? Who is responsible?

Issue 1. Preparation for/and Responsible Parenting

Policy: 1) Preparation for parenting classes should be available at religious institutions only;

2) Parenting classes' curriculum development should be kept at the local level;

3) Mass media should be forced to provide responsible coverage in dealing with parenting, sex, etc;

4) School curriculums should have courses in responsible parenting;

5) Preparation for parenting and child care should be a required part of pre-natal care.

Program: 1) Encourage responsibility of mass media prohibiting violent action and sexual agression;

2) Requirement of public school parenting classes may be fulfilled at religious institutions;

3) Parenting curriculum would include communications skills, parenting skills, and child development;

4) Statewide "family night" with support for and information available through the schools and churches for optional use in the home;

5) All materials in the school curriculum to be previewed by parents with the option of excusing their children when dealing with controversial subjects.

Strategy: 1) Task force of Parents and Professionals to determine the preparation for parenting based on policies and program recommendations stated above;

2) Funded by state and local resources.

Issue 2. Supports for Children and Parents

Policy: 1) Support services should begin at birth and support rather than supplant the family;

2) Government agencies, private agencies, schools, and churches should develop information so families can develop their own support systems;

3) Government policies and laws define parents as persons related by heterosexual marriage, blood, or adoption;

4) Support services for the parent and child should begin with the pregnant woman;

5) Support programs should affirm the right for parental consent and knowledge for medical care and counseling and education for their children.

Program: 1) Children's services should involve parents and private agencies at the local level;

2) Investigate the needs of existing resources and deploying of plans;

3) Provide self-help groups for parents;

4) Call upon lawmaking bodies to repeal and reject laws which authorize medical care, counseling services, etc., without parental consent or knowledge;

5) Prepare resources list about existing support services available.

Strategy: 1) Give tax incentives to businesses who offer day care services to their employees;

2) Community agencies and the community in general should be encouraged to follow through on the program recommendations;

3) Tax relief to mothers who stay home with children under the age of three;

4) Local governments should be discouraged from passing zoning laws which exclude daycare centers from neighborhoods;

5) Use the media as much as possible to get these messages across.

Issue 3. Parent/Child Relations

Policy: 1) The opportunities for education of parents in communication and nurturing skills shall be increased through adult education;

2) The President/Governor and General Assembly shall designate one night weekly as Family Night.

Program: 1) Federal and state fiscal policy shall be amended to provide financial incentive to accredited institutions offering communication/parenting skill classes to the public sector. This curricula shall be established locally;

2) A media campaign of public service announcements shall be instituted to raise citizen awareness of communication/nurturing skill aids available through local community self-help groups, e.g., churches, PTA, etc;

3) The President/Governor shall endorse this policy with a proclamation designating a specific night each week as Family Night;

4) The federal and state legislatures shall insure that no conflicting non-emergency governmental meetings will be held on Family Night;

5) A media campaign of public service announcements and prepared releases shall be instituted to teach the Family Night concept and to publicize the availability of resource materials.

Strategy: 1) Concerned citizens shall be urged to write their legislators to support reallocation of funds for the above;

2) Individuals shall be urged to contact their local community and/or religious leaders to encourage them to make available communication/nurturing skill programs to their respective population and support Family Night;

3) Local media shall be encouraged to sponsor informative programming about the availability of local parenting groups, resource materials, and classes;

4) The Illinois/White House Conference on Families and National White House Conferences shall be urged to adopt this recommendation (Policy #2 Family Night);

5) Concerned citizens shall be urged to write their federal and state legislators encouraging them to support the Family Night concept and the setting aside of a specific weekly Family Night.

Local community groups such as churches, lodges, etc., shall encourage their members to participate in Family Night activities by providing resource materials and/or teaching successful ways to implement Family Night.

Dissenting Reports: The dissenting reports filed for this topic recommended: exclusion of birth control and family planning from parenting education; emphasis on parents' primary rights and responsibilities regarding their children; and endorsement of a human life amendment.

II

EDUCATION

Commentary:

With youngsters spending half their waking hours in the educational environment, their functioning as individuals and as family members is significantly affected by what happens to them and around them while in school. Ideally, schools are partners with parents in bringing up children. Educational professionals teach children mathematics, reading, writing, history; they teach them to reason, to question, to express themselves.

In addition to the knowledge and skill bases commonly associated with the educational experience, however, are other more subtle kinds of learning. Values and attitudes are assimilated from the environment as well as feelings about self, peers, adults, systems, the world negotiated by the child.

Traditionally, American parents have expected schools to reinforce their own values, the life lessons taught at home. Church schools represent that expectation perhaps even more clearly than public schools. When there is gross dissonance between what our children learn at home and at school, we cannot anticipate secure, cohesive, integrated adolescents and adults. Whether or not what the youngster is learning from the home environment is something the larger society wants reinforced in the schools is, of course, a value conflict we have not been willing to resolve. The varying influences and interests, morals and attitudes reflected in American communities, in Illinois communities, translate into conflicting expectations we have of our professional educators.

In recent years, new demands have been made on schools to meet changing needs and to serve different populations. Adolescent parents need education and training to achieve economic competence. More secondary school students, needing to work, must arrange flexible class schedules. Returning adults

need support services to manage demands of school, family, and employment. Handicapped and bilingual students need special consideration.

Schools are asked to coordinate and communicate more meaningfully with the families and communities they serve. Essential questions of who is responsible for providing how much of what to whom are raised again and again.

Issue 1. Quality of Education

Policy:
1) It shall be the policy of the local school district to involve families in determining what should be the desired basic skills and curriculum content;
2) It should be the policy of the local school district to involve families in determining what should be the level of proficiency in the basic skills;
3) It should be the policy of the local school district to involve families in the formulation of stated proficiency goals;
4) It shall be the policy of the local educational system to provide opportunities for frequent in-depth dialogue/evaluation by families for purposes of education;
5) It should be the policy of state government and local school boards to assume when possible the maximum role in education rather than the federal government.

Program:
1) State legislatures or state educational agencies shall mandate that each local school board shall provide a mechanism for the involvement of families in determining the level of proficiency;
2) State legislatures or state educational agencies shall mandate that each local school board shall provide a mechanism for involvement of families when determining the level of proficiency;

3) State legislatures or state educational agencies shall mandate that each local school board shall provide a mechanism for involvement of families when determining the level of proficiency;

4) State educational agencies shall aid local school boards in the preparation of programs for publicizing and encouraging family involvement.

Strategy: 1) Specific tools such as town hall meetings, newspaper ballots, task forces, public service television and radio announcements, direct mailings to parents, and the use of service organizations should be utilized to implement the policies and programs;

2) Challenge local school boards to hold their meetings where they are more accessible to people. For example, rotate meetings at school buildings within the district;

3) More widely publicize the meeting schedule and agenda for school board meetings;

4) Use techniques employed in other nationwide campaigns such as the campaign to educate people to the importance of immunization and the campaign to meet the needs of the handicapped.

Issue 2. Parent and Community Participation

Policy: 1) It should be the policy of each local school district to generate interest and subsequently provide opportunities for parents to be involved in an ongoing exchange with educators and the community;

2) School districts shall aim to bring about confluence concerning the positive expectations that all groups bring to a child's education;

3) It shall be the policy of the federal government to encourage local school districts to recognize the value of family and community participation and to proceed to utilize these resources;

4) It shall be the policy of each local school district to create an atmosphere that welcomes visiting parents into their schools and follow-up any involvement with personal contact where possible to encourage further parent participation in the education of their children.

Program: 1) Family, school and community groups must collaborate to provide the best educational experiences for the diversity of children in their community. Funding and adequate resources and services are necessary;

2) Local school districts should locate and involve faculty and community talents and existing programs for resources in classroom learning opportunities and extra-curricular activities subject to parental input and approval;

3) Each local school district should establish a forum (invite religious, ethnic, and racial minorities representation) that would facilitate family and community participation in the schools;

4) Schools will foster basic principles of democracy by joint participation of families in the education process;

5) Schools must reach out to families and community networks in a continuing dialogue and plan social activities that stimulate participation.

Strategy: 1) Seminar programs for family and community members can be conducted so that they can interact with school staff and fellow parents on curriculum issues and other concerns such as teaching methods, materials, values, and discipline;

2) Community-Based Leadership (CBL) should be encouraged. Family members and community representatives share responsibility for meetings and programs;

3) Teachers and administrative staff must be encouraged to utilize resources once they are made aware of them;

4) Local school districts shall allocate time, personnel and facilities to establish communication with families and community members. Ongoing dialogue should be continued in various group formats, e.g., career nights, Saturday car washes, etc.;

5) Parents' committees, neighborhood flyers, radio announcements, public relations campaigns, notes taken to parents by students, and TV spots are strategies for school outreach.

Issue 3. Family Life Education

Policy: 1) It should be the policy of government and the private sector -- e.g., employers, private agencies, volunteer organizations and the media -- to acknowledge, reinforce, and support family life education;

2) It should be the policy of institutions of higher education to produce professionals in all helping professions who can encourage and facilitate emotionally healthy families through Family Life Education;

3) Family Life Education should address the incidence, correction and prevention of domestic violence, child abuse, rape and incest;

4) It should be the policy of all who influence family life to promote emotionally healthy families;

5) Family Life Educators recognize parents primary role for their children including responsibility as final arbiter in all facets of family life curriculum and participation.

Program: 1) The public and private sector must recognize the value of a stable family life on the workplace and in society;

2) The public and private sectors utilizing classroom and community setting, must plan and provide life-long learning opportunities for all ages in family issues;

3) The public and private sectors must challenge the FCC and the sponsors of TV programs to provide wholesome family-life programming and discourage violence, irresponsible sexual activity, and the display and exploitation of women's bodies and/or minds in the promotion and sale of products;

4) Educators should include in curriculum of family life education not only practical knowledge but communication skills, introspective skills and the identification of appropriate community resources;

5) The public and private sectors should recognize cultural and social differences in all ethnic groups as manifested within the definition of family and family settings.

Strategy: 1) Standardize a "system" for studying the complexities of family life utilizing the functions or developmental tasks of families and the stages of all family life systems;

2) Provide competency-based family life education programs for all professionals;

3) Encourage the public and advocacy groups and individuals to organize protests against sexploitation in advertising and TV programming;

4) Identify all professions that have opportunity to deal with families and their welfare, and subsequently identify varying "competencies: needed by helping professionals.

Due to time constraints, all tasks were not completed at the Conference. Consequently, the strategy recommendations prepared for the Conference by the Task Force were accepted by the Executive Coordinating Committee in accordance with Conference rules.

Dissenting Reports: Dissenting reports filed offered contrasting recommendations regarding the role of the Federal government. Some wanted more intervention and power, others none at all. Other recommendations included mandated inservice teachers' programs on special education, solution of single parent families' problems, exclusion from Family Life Education of socialization, reproduction, recruitment and release of family members and maintenance of order.

III

MARRIAGE

Commentary:

In considering the point of origin for the nuclear family as a legally sanctioned union of one male and one female, any public dialogue on the family must address the traditional institution of marriage. Admittedly, the American society has moved, with varying degrees of tolerance among varying segments of the population, towards altered definitions of marriage. Non-legally sanctioned commitments between homosexuals and heterosexuals, whether paired or in groups, evidence characteristics similar to traditional marriages -- love, respect and commitment, commonly purchased and owned and inherited property, shared friendships, social and community involvements, raising their own, adopted or foster children.

Despite these recent variations on a theme, however, the focal point for American families remains the legal commitment of a man and a woman to a monogamous life together.

Preparation for marriage, similarly to preparation for parenting, has traditionally occurred within the nuclear family and extended through grandparents, aunts, uncles, cousins, and parents of friends. Children learn how partners relate to one another, how their love and respect for one another are communicated, how their impatience and anger are channeled, how their decisions are made regarding finances, jobs, vacations and holidays, shopping, household chores, etc. Although these lessons may not be deliberately or consciously taught by the child's important others, the examples are there, and the imitative instincts of childhood are undeniable.

Divorce rates increase and more single persons elect to raise their babies; thus, more youngsters are being brought up in single parent homes. In two income families, some parents alternate work shifts to avoid day care costs; thus, more youngsters are denied opportunities to observe daily interaction between two partners. Other working adults return to academic, vocational, or enrichment courses; thus more youngsters come home from school to no parents even though the parents are together. These changes in family patterns have obvious impact on a child's opportunities to experience and assimilate the meaning of marriage.

Coupled with these trends in the nuclear family is an increased awareness and understanding of adult development, reflected in popular studies such as Passages. Growth does not cease at maturity; the twenties, thirties and forties present new and different challenges to individuals and to marriages. Preferences, needs, interests, and talents change over time. What one seeks and commits oneself to in marriage at twenty-three is not necessarily relevant at forty-five. Ideally, the marital commitment allows for, is sensitive to, and encourages growth and change in the two partners and in their relationship.

While there is consensus that the family must accept its responsibility as the primary milieu in which concepts of marriage are communicated, society's resources and institutions should supplement the family's efforts.

Issue 1. Preparation for Marriage

Policy: 1) Programs offering preparation for marriage must focus on the family as primary milieu where decisions concerning marriage are made;

2) Programs should encourage the family's ability to accept that responsibility and enhance the family's capacity to fulfill that obligation;

3) Programs should recognize marriage as an ongoing process and offer resources pertinent to different developmental time frames within the marital relationship.

Program: Organizations offering preparation for marriage services should address the following issues:

economics/finances

legislation/law

health/nutrition

sexuality

interpersonal relations/communications

values/spirituality

Strategy: 1) The Federal Department of Education and other appropriate federal authorities should advocate with state and local educational authorities to develop preparation for marriage programming from primary grades through college;

2) National religious leaders should advocate for marriage preparation programming within their own constituency and other community systems.

Issue 2. Therapeutic Resources

Policy: Tax incentives should be made available to unions and businesses which initiate employee benefit programs inclusive of mental health and counseling services aimed at family life/marriage enrichment, prevention and treatment of problems.

Program: Federal, state and local law enforcement authorities should develop training for their personnel for crisis intervention dynamics in family distrubance episodes and encourage coordination of law enforcement personnel with other professions in crisis intervention teams.

Strategy: 1) National social service and mental health organizations should raise in priority their professional commitment to preparation for understanding marital relationships and take steps to strengthen this criteria in their review standards for agencies and certification standards for individual professionals;

2) National religious bodies should raise in priority their programs of training clergy and other church professionals to counsel in the enrichment of marriage and family life, early intervention in marriage stress/problems, and to refer to other resources;

3) The training of health care professionals should include adequate training to counsel in enrichment of marriage and family life, early intervention in marriage stress/problems, and to refer to other resources;

4) The legal professionals should be trained to counsel in marriage and family life, early intervention in marriage stress/problems, and skills in appropriately referring to counseling/therapy resources.

Issue 3, Systemic/Institutional Resources

Policy: 1) State legislatures should review the marriage licensing process to include basic information on marriage, with the intent of

inducing couples to seriously evaluate their readiness for marriage and their commitment to marriage; the results of any such process would be confidential information to the couple and would not in any way give power to the State to consent or not consent to issuance of marriage license;

2) Federal and state governments should review existing and future legislation to remove all laws, policies, and regulations that discourage or penalize marriage;

3) All families should have access to adequate family court services and family counseling services;

4) Legislation should be drafted to provide funds for local jurisdictions to establish family court services, including such functions as family conciliation services, custody evaluation services and domestic violence programs.

Program: 1) The radio and television industry and the major companies that support the industry should develop media programming that would realistically portray marriage and provide resources for the maintenance and nurturing of married persons;

2) Public recreation facilities should be developed which will be widely available for use by family units;

3) Acceptance of new roles and responsibilities within traditional marriage settings (e.g., employment of wives outside the home, paternity leave) should be encouraged because of the changing needs within our society;

4) Governor Thompson's proclamation for Family Night should be supported and development of materials for use by families to teach marriage skills should be encouraged.

Dissenting Report: Two dissenting reports were filed, one supporting and one opposing passage of the Equal Rights Amendment.

IV

HEALTH

Commentary:

As defined by the World Health Organization, health is not only the absence of illness, but also physical, emotional, and social well being. Traditionally, the family has been the primary health care resource, providing both preventive and remedial services. Parents spend uncounted hours meeting their children's needs for nutrition, hygiene, rest, and physical exercise. Through immunization, parents can protect their children from a myriad of diseases previously physically and mentally disabling or even terminal. Clearly, health habits develop in the home environment, with parents, again, bearing the heaviest responsibility.

Adequate health care begins before birth. Many pregnant women still receive inadequate or no prenatal medical care. Research efforts have established the serious impact on the fetus and the newborn of the mother's life style -- smoking, drinking, proper exercise and rest, nutrition, weight gain, etc. Babies born prematurely or of less than average length and weight often develop slowly. In many cases, these conditions at birth are linked to both the mother's personal health habits during pregnancy and the kind of prenatal medical care available to her.

As immunization prevents many childhood diseases, good prenatal care can detect and prevent certain birth defects and conditions limiting normal growth and development in the newborn and infant. But, those services must be accessible, and women must be aware of their importance. These factors are particularly relevant to teenage and lower income females.

At the other end of the spectrum is care for the elderly. While the aging process carries with it some degree of natural deterioration and

greater vulnerability to illness and/or injury, institutionalization is neither the preferred nor advised alternative for most of our elderly. However, as with many of our mentally ill and developmentally disabled, the community based,less restrictive environments have not developed sufficiently to meet the needs of our senior citizens. The recent emergence of the hospice movement symbolizes a more humane and caring management of death and dying. That same attitude is reflected in home health care which is, additionally, less costly than institutional care.

The costs to the family for adequate, let alone maximum, health care are rising. Low income families, minorities and single parents are affected even more than other populations. Recipients of public health benefits, medicare and medicaid, use hospital emergency rooms for routine health services in disproportionate numbers. Many health care providers refuse to accept public insurance recipients due to lower reimbursement rates, cumbersome billing procedures, and delayed payments.

Medical care is the third largest industry in the country; yet only 2.5% of total health related expenditures are for prevention. Given inflationary times and shrinkage in real income, there must be a concerted and comprehensive effort to develop a cost effective system of health care accessible to all.

Issue 1. Preventive Health Care and Health Education

Policy: 1) Comprehensive health, family life, and safety education should be offered and financed, to all individuals, and alternative delivery systems must be available to all individuals as determined on a local level;

2) Encourage development of mechanisms to provide adequate and timely payment for preventive health care;

3) Mandate immunization, screening, and tracking procedures according to standard medical practice, as a prerequisite to admission to any child care facility;

4) Increase exposure of preventive health information to all individuals, including but not limited to nutrition, dental care, substance abuse, mental health, family planning, and safety;

5) The medical community should be involved in the provision of preventive health care and health education at the policy level.

Program: 1) There must be a concentrated effort toward networking services and providing more money for local central information and referral services throughout the State of Illinois;

2) Any legislation affecting payment mechanisms for health care should have as its first priority a comprehensive maternal and child health component;

3) To supplement the work of local Health Systems Agencies, school boards and similar groups, an autonomous ongoing statewide advisory committee shall be established. This committee, utilizing legislative and local input, shall develop guidelines and submit recommendations for health, family life and safety education programs and legislation. All health education programs involving minor children shall be so designed as to maximize ongoing parental input and in strict observance of parental and children's rights;

4) At least 25% of all state and federal health and mental health funds shall be restricted to preventive health programs.

Strategy: 1) Conference follow-up staff should contact the Federal Commerce Commission to urge expansion of Public Service program requirements to include additional time for preventive health programming, with local health experts among the community leaders being consulted in the current ascertainment process for a station's license renewal;

2) Conference follow-up staff should contact the Food and Drug Administration to urge stronger "truth in labeling" legislation;

3) Conference follow-up staff shall recommend to the Governor that legislation be supported requiring the presence of a county-wide Public Health Department in every county of the state;

4) Such departments shall be responsible for coordinating and disseminating information on availability of health services and shall assure that such preventive health services as nutrition programs, immunizations, dental hygiene instruction, hypertension screening, and other needed services determined locally are available to all residents of the county.

Issue 2. Accessibility to Health Services

Policy: 1) Concerns about health care accessibility should encompass cultural, economic and ethnic as well as geographic and physical considerations;

2) For the health needs of families, there need to be alternatives to long-term institutional care such as homemaker/home health services, geriatric day care programs and group living arrangements. Adequate funding for these programs is crucial;

3) It shall be the policy of federal, state and local governmental bodies to foster and encourage alternative methods of health care delivery expanding the capability of health care professionals;

4) Third party payers should be encouraged to broaden the scope of their coverage to include expanded payment for out-patient and preventive treatment;

5) Medicare and Medicaid policies should be revised to promote timely reimbursements that are more reflective of the actual cost of providing health services.

Program: 1) Hospice programs and Health Maintenance Organizations should be fostered and encouraged as examples of cost effective family centered health care;

2) Title XIX Medicaid funds should be made available for non-physician health service providers such as psychologists, social workers, nurse midwives, physician's assistants and nurse practitioners;

3) Initiatives should be expanded to attract health care providers and programs to rural and underserved areas insofar as utilization efficiency can be maintained;

4) Programs should be developed in every county to alleviate deficiencies in critical areas of health care delivery. Examples of such deficiencies are the lack of Medicare/Medicaid-certified nursing homes, adequate prenatal care and sufficient community-based mental health service, among others.

Strategy: 1) Conference follow-up staff should contact officials and encourage increased funding to be designated for community-based

services for children and adolescents, i.e., the need for funds specifically designated by the Department of Mental Health and Developmental Disabilities budget for such services;

2) Legislative and professional bodies shall be made aware of the support of this conference for licensure for nurse practitioners and nurse midwives;

3) Making health care services more accessible to families involves increasing their awareness of how to best utilize existing services. Families outside the mainstream of health care services, such as the impoverished, the non-English speaking, the elderly, and residents new to the community require attention and assistance in this important area;

4) State regulatory bodies should be informed of this conference's concern regarding the need for availability of adequate ambulance service in every county. Authorities which set standards must recognize that less sophisticated services presently existing in a community may not be sufficient for all the community's needs but do have a place in the system.

Issue 3. Research, Program Evaluation and Needs Assessment in Health

Policy: 1) The state agencies responsible for providing preventive or treatment services for children and their families must implement programs of research to investigate critical questions such as the relationship between early indicators and later health status and the validity of operating assumptions about prevention and treatment;

2) Health care programs should be evaluated on how they meet individual health needs within an ecological perspective. The core principle of this approach is the assumption that individuals need to be understood in the context of their relationships to immediate and wider social environments;

3) Given the volume of findings on high-risk health phenomena, dissemination of the information and practical application is often deficient. Research should increase the focus on practical preventive and treatment approaches while remaining respectful of individual choice and cultural values;

4) Policy research should be supported in the field of environmental health to determine how working conditions, energy sources, industrial processes and products marketed for home use affect family health.

Program: 1) Actions designed to achieve needed improvement in the quality of health services, including those needs identified by the review activities of professional standard review organizations and accrediting bodies, should be supported;

2) Local Health Systems Agencies should be responsible for keeping informed about health research in progress in their regions to avoid duplication and enhance implementation of findings;

3) At least 5% of funds appropriated for health services to families shall be designated for research and each program utilizing these funds shall have a thorough plan for evaluation;

4) Further research/evaluation should be promoted to assess the efficacy of alternative health care delivery systems and para-professional providers.

Strategy; 1) Employers should be given tax incentives for establishing programs that promote the wellness concept. Some examples are stress management, counseling services, substance abuse programs and industrial safety;

2) Conference follow-up staff should contact key associations of health care providers to inform them of conference findings and to explain the recommendations;

3) Individuals concerned with family health care are urged to become involved with their local Health Systems Agencies to assure adequate consumer participation in the health planning process;

4) In collecting needs assessment data for the purpose of program development, individuals representating a cross section of the community should be utilized more fully. This would result in more accurate reporting and a higher degree of community support for resulting health care programs.

Dissenting Reports: Dissenting reports filed recommended special consideration of health needs and services for Asian/Pacific Americans, support for the Federal Mental Health Systems Act, the development of a mobile unit containing a replication of a human body and effects of harmful substances, and exclusion of family planning from health related prevention programs.

V

FAMILY CRISIS

Commentary:

Just as individuals suffer from crisis and trauma, so do families. The past two decades have witnessed increased analysis of stress factors and levels of tolerance for crisis. Individuals cannot control their external environment thoroughly enough to anticipate and avoid disruptions; neither can families. Accidents, job changes, catastrophic illness, and financial reverses have significant impact on family equilibrium. Even happier events in life -- graduation, marriage, a job change, a new home, the birth of a child -- are traumatic in the sense that they, too, necessitate adjustment, accommodation, compromise. How well families are able to adapt to the disturbance is a reflection not only of internal resources but those in the external environment.

Family violence is both symptom of and cause for family crisis. Child abuse, spouse abuse, and parent abuse all reflect an unhealthy and undesirable channeling of rage, guilt, frustration. As was suggested in the commentaries on Child/Parent Relations and Marriage, what children learn from their parents is translated into adult behavior. Interestingly, violence appears to breed violence. For example, child abuse seems to be cyclical with a vast majority of abusers having been abused children themselves. Forty percent of the women held in Cook County Jail on homicide charges in 1975 had been repeatedly battered by the men they were accused of killing. The Kansas City Police Department found that it had responded to disturbance calls at the addresses of homicide victims or suspects at least once in the two years preceding the homicide in 90% of the cases and five or more times in the two years preceding the homicide in 50% of the cases.

Increasingly, the American family experiences separation and loss. Between 1966 and 1976, the rate of divorce increased by 113%; demographers predict a 44% failure rate in second marriages. The highest rate of divorce occurs in the age range 20 to 29, not peak years of earning potential, when the children are too young to intellectualize the separation and, frequently, the loss of one parent. Female heads of households are the most common, and the woman risks society's judgment of her as a "welfare mother" if she seeks public assistance or a neglectful mother if she supports herself and abrogates the child rearing to a babysitter or day care center.

A third crisis affecting more and more American families is adolescence. Substance misuse and abuse, juvenile delinquency, and teenage pregnancies are both symptomatic of a causation for family crisis. Still defined as deviant behaviors, despite increasing incidence rates, all three seriously disrupt family life. Parents, and to a lesser degree siblings, respond to these crises from a complex of feelings -- a sense of guilt and responsibility, a desire to nurture and support, an outraged anger and rejection. How the family incorporates and survives the youngster's crisis depends on its internal and external support systems.

The subcommittees working independently on the three issues of family crisis arrived at identical conclusions of a general nature. They bear repeating, not only in reference to the topic at hand but because the other Task Forces reached similar points in developing their recommendations:

1) specialized training programs should be developed for community persons who routinely are first to come in contact with family crisis (law enforcement, clergy, teachers, medical personnel);

2) community based, community controlled service delivery systems are more responsibe than government operated service systems; and

3) rural areas present unique problems to program designers.

Issue 1. Family Violence

Policy: 1) State and federal policies must be established which recognize that adult abuse is a social problem as well as a criminal act when physical harm is involved;

2) In developing policies and allocating resources to resolve the problems of family violence, all levels of government must avoid the pitfalls of allowing or encouraging the development of independent, but parallel service delivery systems for the different types of victims;

3) Policy makers must recognize that family violence is not solely an urban or poverty phenomenon;

4) Persons at all levels of our society must recognize that providing services to victims is only a partial solution to the problem of family violence;

5) State and federal government should deal with economic pressures as a cause of family violence.

Program: 1) Government at all levels should provide the impetus for, commit resources to, and work with private philanthropic resources to develop a continuum of community-based/community-controlled self-help oriented services to assist the victims of family violence who seek help. Each continuum of service should include, at a minimum, the following components: emergency shelter, protection from further harm, counseling, emergency

medical services, legal assistance, job counseling/training, and access to temporary public assistance. Recognize and assist with funding model crisis intervention programs which are effective. Service programs for those adult victims who are physically and/or mentally incapable of seeking help for themselves should also include outreach and casefinding components;

2) Service programs must focus on protecting and meeting the service needs of the victim. Treatment should also be made available to abusers as an alternative to prosecution. Client eligibility requirements should be revised to reflect the special needs of families affected by family violence: anonymity, income of the victim, etc;

3) While the three types of family violence victims have some unique service needs, they also share a number of service needs with each other and with other client groups. Cost effectiveness concerns mandate the development of a response system for family violence which: utilizes existing social services to the maximum extent feasible; adapts existing services, where possible, to the unique needs of abused children and adults; and innovatively combines existing and "adapted" services to meet the needs of family violence victims.

"New" monies should be earmarked for filling identified service gaps (for example, providing temporary shelter for battered wives and their children), and developing and implementing

specialized training programs for those who are most frequently called upon to intervene in family crisis situations, e.g., policemen, clergymen, physicians and other hospital emergency room personnel, and school teachers.

4) Programs which are designed to meet the needs of rural victims of family violence must include specific mechanisms for: (1) informing isolated victims about the services which are available; and (2) either getting victims to services or getting services to victims. Special consideration should be given to housing all, or most, of the needed service components in the same general location.

5) Government, at all levels, should sponsor the development and implementation of public education and awareness programs designed to inform the citizenry about the problems of family violence and the services which are available.

Strategy: 1) The following types of groups should be organized to lobby at the local, state and federal levels to bring about the development of the service, training, and public education programs which are necessary:

. Community-based coalitions of concerned individuals and groups;

. Statewide professional organizations, including, but not limited to, service providers, social workers, policemen, attorneys, physicians, teachers, etc;

2) Special curricula about the causes and treatment of family violence should be developed and included in educational/ training programs for teachers, physicians, policemen, clergymen, social workers, attorneys, etc;

3) To restore the tax deduction for charitable deductions;

4) To restore old ways and devise new ways of obtaining monies from private/philanthropic organizations;

5) Special curricula for elementary and secondary education students should be developed.

Issue 2. Separation and Loss

Policy: 1) It should be the policy of the federal government to ensure the financial stability of the fractured family through income provisions of the Social Security Act;

2) It would be desirable to eliminate the social stigma attached to those who have experienced separation and loss and the resultant discrimination against them;

3) Federal, state and local governments should ensure the provision of easily accessible support services, such as: crisis intervention and referral service, emergency short-term financial support, advocacy, and counseling (both therapeutic and practical);

4) Community-based organizations should join with police, clergy, medical personnel and teachers to provide the impetus, financial resources, education and other support for the development of self-help groups and other voluntary initiatives to address the multiple needs of families suffering the crises of separation and loss;

5) Policymakers must recognize that separation and loss may be temporary or permanent, voluntary or involuntary, such as: death, divorce, military service, incarceration, foster care, and institutionalization.

Program: 1) Amendments should be made to the Social Security Act to provide benefits for the victims of family break-up or loss;

2) Encourage the media and educational institutions to inform the public about the needs and strengths of persons undergoing the stress of separation and loss;

3) State government should consider the use of all funding sources to guarantee an emergency social service network for families in crisis;

4) Community organization and outreach staff for programming should be made available to underserved areas (urban and rural) where self-help or other voluntary crisis groups are needed.

5) New legislation will be required to allow the development of Special Purpose Hospitals which can provide acute care in low cost facilities. Support the development of Hospice programs for the patient and family in situations of terminal illness.

Strategy: 1) Concerned individuals are urged to write their congressmen and senators and to participate in hearings concerning Social Security legislation. These individuals should insist on a thorough examination and discussion of the Double Decker and Shared Earnings Plan outlined in the publication "Social Security and the Changing Roles of Men and Women" (HEW; February, 1979). In addition, Conference follow-up staff should apply pressure, at both state and national levels, to pursue public hearings on this subject.

2) Follow-up staff should make White House Conference on Families findings on the trauma of separation and loss and recommendations for possible programming available to the appropriate media representatives, medical and educational institutions;

3) Social service providers and conference staff should contact the Governor and state representatives to advocate for the necessary funding considerations;

4) The Conference staff should make Conference findings and recommendations known to the private and community service networks;

5) Community education will be necessary for any progress to be made in the Hospice Movement. It will be necessary for those involved in hospices (volunteers, as well as medical staff and personnel) to involve themselves in this education process and to apply pressure for changes in Illinois licensure laws. It will therefore be necessary for hospice personnel to form a statewide organization to accomplish the task for lobbying for change.

Issue 3. Adolescence

Program: 1) Coordinate resources for service delivery;

2) Target resources to youth most in need;

3) Improve planning of youth programs at state and local levels;

4) Improve youth employment and training programs;

5) Emphasize community services to youth and families.

Policy: 1) Educational institutions and economic structures need to be designed to allow all youths avenues of positive contribution and recognition in their communities.

2) Federal, state and local policies should be developed to support comprehensive coordination of community services to address the problem including adolescent pregnancy.

Strategy: 1) Form "blue ribbon committee" to report back to Governor on options for action regarding state service to youth;

2) Target state and local funds to flow towards youth and families through indigenous community based organizations.

VI

CHILD CARE

Commentary:

As the nature of the American family changes from nuclear and extended families living near and supporting individual members, the need for family resources alters. Some 16% of America's families are single parent households, and many of those heads of households work, even if only part time. Providing appropriate quality care for their children during the hours of employment or education is an emerging need for families. Because the American value system still espouses financial independence and self sufficiency, most families, whether headed by one or two parents, choose to work and meet their own needs, even if this means placing their children in someone else's care for part or all of the day. The resources available to allow for that independence and self sufficiency, ideally, would represent a continuum of care. Whether the parent(s) choose(es) a known and trusted neighbor to baby sit in home or a toddler day care center or a pre- and post-school hours activity center, the decision should be based on some basic standards of quality care.

The cost of day care services is a significant factor in the decisions as well, and its importance should not be minimized. Whether or not it is worth it for a single parent to strive towards self sufficiency or a second parent to supplement the family's income must be weighed in terms of cost effectiveness. If the costs are too high -- fees charged, transportation costs, conflicts in schedules -- it may well be cheaper to stay at home with the child(ren).

While availability and cost are important issues, quality of care is the chief concern of most parents and of society in general. As schools are

expected to treat a child wholistically, so are day care centers and individual providers. It is not enough for a child to have a place to be, food to eat, a nap time, just as that is not all the home environment should provide. Stimulation, learning opportunities, creative outlets, nurturing and interaction with adults and other children are also responsibilities of facilities and day care personnel. The quality of the available day care programs and the personnel must be examined and assured.

Issue 1.Availability

Policy: 1) The federal government should promote and assure provision of high quality child care, family oriented rather than economics-oriented;

2) Policies on child care must respect and accommodate differences in age, need, and cultural values;

3) All child care policies and programs should be based on children's and families' strengths rather than focusing on deficits;

4) Child care policy must not be viewed exclusively as a woman's or poor people's issue.

Program: 1) Quality programming must be characterized by an emphasis on the development of the "whole child" with support being given to personal and cultural diversity and racial integration;

2) Quality programs should include infant care centers, preschool, family day care homes, before and after school, temporary and crisis care and night child care;

3) Significant parent input and participation must be encouraged;

4) Business and labor unions and local communities should be educated to recognize the benefits of providing quality child care.

Strategy: 1) Concerned individuals are urged to write their legislators in support of federal and state legislation for quality child care;

2) Businesses should be encouraged to provide quality child care for their employees;

3) Labor unions should be encouraged to make quality child care for their members an item for negotiation;

4) Concerned individuals should educate their communities on the benefits of quality child care and parent education and should urge them to support and provide needed programs;

5) Voluntary organizations of parents and others concerned with children should form coalitions at the national, state and local levels to achieve adequate child care and parent education programs.

Issue 2. Training

Policy: 1) It should not be the policy of government to tell families how to rear their children;

2) Government responsibility is to ensure that parents have access to information which will help them meet the needs of their children;

3) The federal government should encourage and support the establishment of model child care training programs;

4) Existing funds for the training of child care workers should be utilized to the maximum.

Program: 1) Ongoing in-service training for child care workers including supervision and programming should be available in licensed child care facilities;

2) Specific programs emphasizing the value of child care training and education for parenting should be developed;

3) A central information office with a toll free number should be established to assist individuals seeking information on child care needs and services;

4) The use of media for teaching effective parenting should be encouraged.

Strategy: 1) Providers of child care services and educational institutions which train these workers should approach federal, state and private agencies for funds to establish model child care programs, and technical assistance should be made available to applicants for these funds;

2) Congress should be urged to remove the cap from Title XX training funds;

3) Hospitals should be approached to provide education for parenting via their social service departments, pediatricians, etc.

Issue 3. Cost

Policy: 1) There should be sliding fee scales for federally funded child care, based on ability to pay and service provided;

2) Salaries for child care workers should be commensurate with training, education, and experience;

3) Minimum training and evaluation requirements should be raised;

4) All levels of government should ensure that reimbursements reflect the full cost of good quality child care.

Program:

1) The cost of child care should be shared by parents, employers, unions, the community and government;
2) Internal Revenue Service allowances for child care should be substantially increased;
3) Federal funding should be available for parent education programs to be available to all who want them;
4) The development of children under five is as important as, if not more important than, education for children five and older; therefore, child care programs for children under five should be given at least the same funding priority as public school education.

Strategy:

1) The cost of quality child care should include adequate training and adequate wages for child care personnel;
2) Internal Revenue Service regulations should be amended to allow deductions for charitable gifts on the short form;
3) Concerned individuals need to educate legislators and policy makers about benefits of quality child care so that they can give effective support to quality programs.

VII

LAW

Commentary:

The effects of federal, state and local laws on the American family cannot be overstated. Legal decisions and state statutes impinge on almost every facet of modern society, and the family's freedom to manage itself, individually and collectively, is often determined by law and judicial precedent. From its point of origin to its dissolution by death or divorce, the family is subject to law.

National fiscal policies have significant impact on the homemaker, a married couple and their children, on the family's ability to support itself, meet its goals and objectives. This is true for both the two parent household and single parent family. How income is taxed, how property is considered, how policies are written on credit, social security, public assistance benefits all determine a family's independence and survival. Whether those policies support one individual over another, each individual equally, or the family unit are the value questions inherent in the policy implementation.

Family law is increasingly complex as separation and divorce, single person parenting (natural, foster care, adoptive), and non-legal relationships become more common. The legislative and judicial systems are called upon to resolve conflict, protect rights, decide property, income and custody disputes. As a nation, our stated commitment continues to be preservation, protection and support of the nuclear family; yet the simple reality of increased divorce rates necessitates protection and support of those individuals breaking away from the family. This is particularly crucial for the children who are more vulnerable and dependent. Their rights to and need for financial support, environmental continuity and

emotional stability are not, and should not be, altered by their parents' decision to separate and/or divorce.

Demands on the Juvenile Courts for judicial intervention have increased proportionately to disintegration of traditional family structures and loss of parental power and/or authority. The Family Crisis section on Adolescents addresses substance abuse and teen pregnancy in addition to delinquency, but over half the property crimes in this country are committed by juveniles. However, the behavioral, deviant and criminal determinations are only part of the courts' responsibility. In cases of separation and divorce, issues of custody, visitation, and income maintenance are brought before the Courts for resolution. Incidents of child neglect or abuse generate federal and state bureaucracies, statutes, rules and regulations to protect children. The Courts are mandated to act in the best interest of these youngsters, but there are limited alternatives. At present, more than 11,000 Illinois state wards live in "substitute care" including foster homes, group homes or institutions.

Increasingly, Americans turn to the legislative and judicial branches of federal, state and local government to resolve their conflicts, to issue rules and regulations for their protection, to articulate and program for their rights and responsibilities. Whether or not that is the desired resolution to the challenges of family life, the fact is that government is expected, both literally and figuratively, to play a parental role.

Issue 1. Homemakers' Rights

Policy: 1) National policies should enforce the concept of equal partnerships in marriage where benefits, responsibilities and financial assets/liabilities are shared equally by both spouses;

2) Legislation on equitable rights of the homemaker should be developed on the state level;

3) Quality day care services should be accessible to all families.

Program: 1) The Illinois White House Conference on Families should make the formulation and adoption of a homemaker's bill of rights a matter of top priority so that it can be studied and adopted on a national level by the White House Conference on Families;

2) Social Security Law should be revised and rewritten in order to recognize the non-financial contribution of the homemaker to family assets and guarantee her disability and survivor's insurance through equal distribution of the funds;

3) There should be state and federal funding to provide quality day care, using existing public school facilities after hours. There should be tax incentives for the private sector to provide day care and flex time for working mothers;

4) Domicile Rights: state laws should be revised so that the choice of a legal residence is the result of a joint and mutual decision and not a product of the husband's sole judgement;

5) Property Rights: discriminatory state laws should be revised to provide that all assets acquired after marriage be jointly held irrespective of cash contributions by spouses, e.g., inheritance tax, insurance holdings, estate planning;

6) Home Right to Support: state laws should be rewritten to permit intervention of the courts in an on-going marriage where wife and children are getting inadequate support;

7) Credit law should be revised so that husbands and wives are mutually responsible for debts incurred by mutual agreement.

Issue 2. Separation/Divorce/Alimony/Child Support/Custody/Visitation Law

Policy: 1) Study the alternatives of domestic relations law and suggest guidelines for uniform sanctions and fair decision making;

2) Establish a continuum of legal recognition to replace the absolute state of is-isn't regarding present marriage. Some guarantee of rights (and responsibilities) must attach to intermediate points along the continuum. There should be more frequent invocation of the domestic relations court equity jurisdiction;

3) The traditional concept of the family unit should be preserved as the accepted norm;

4) There should be guaranteed representation of a child by Guardian ad Litem in divorce proceedings;

5) The idea of a family relationship should be defined as family or extended family.

Program: 1) Encourage systematic and scholarly follow up of cases of divorce and reconciliation, especially in terms of the eventual adjustment of the children;

2) Commence a comparative study of uniform acts (such as adoption) and evaluate state implementation of such acts;

Issue 3. Juvenile Justice

Policy: 1) The government acting for the common good should take prudent and appropriate action to protect the life and safety of any child;

2) There should be available in each community a well funded locally administered probation and court services department. It should provide services for families and youth subject to standards which would assure quality counseling and other services;

3) There should be an advisory board to the juvenile court made up of representatives of agencies dealing with families and other interested citizens. This advisory board would propose and review the development of programs for families and coordinate existing services on the local level.

VIII

FAMILIES AND THE WORKPLACE

Commentary:

Both economic pressures and women's increased entrance into the work force have resulted in greater numbers of families where both parents work. One third of all preschoolers have working mothers. By 1990, it is expected that mothers will be working in 50% of the families with children aged 6 and under. The challenges for the two career families are enormous. Children need the enduring involvement of one or more adults in care and joint activity with them; a couple needs time together for their own relationship; household chores must still be attended to. The single parent family has nearly double the pressure, and there are now as many working mothers in the work force as wives without children.

This tension between work and family demands has serious consequences. Private and public employers in this country have not developed sufficient supports to working parents, such as child care, guaranteed maternity and paternity leave, flex time, part time, job sharing and sick leave to caretakers with ill children. American parents point most often to job demands as the greatest obstacle to their caring for their children.

Even the provision of some basic services, however, does not relieve the stress felt by many families in meeting all the demands made on them. Children come home from school to no parents; mothers work the night shift, leaving youngsters to sleep alone; parents risk unemployment should a child demand excessive home care; youngsters fend for themselves unsupervised. Options available to families to fulfill their responsibilities are restricted by employment practices in both the private and public sectors.

In addition to the basic conflict between work and family are stresses in the workplace itself. Unsafe and unhealthy conditions, racial sexual, and age discrimination and/or harassment, pressures to produce, succeed,

promote, inadequate salary and compensation, and minimal quality day care all contribute to the tensions of working parents.

American industry is beginning to recognize the impact of this pressure on worker productivity and has begun considering greater flexibility in its employment policies and practices. Government, business, unions, and the families themselves must maintain this dialogue in order to encourage both good working and good parenting.

Issue 1. Discrimination

Policy: 1) The first priority for development of alternative employment practices must be to support inner city working class and single parent families;

2) Development of affirmative action must be continued to alleviate employment problems on both public and private levels;

3) The Equal Rights Amendment should be ratified, making sex a suspect classification ratification;

4) There must be no discrimination against non-English speaking persons;

5) Government and private employers should provide educational opportunities in job preparedness.

Program: 1) Private and government employers are encouraged to work voluntarily toward elimination of pay differentials among jobs which require comparable skills, abilities, and personal attributes;

2) The staff of the Equal Employment Opportunity Commission should be increased;

Strategy: 1) Employers must develop programs to eliminate sexual harassment;

2) Apprenticeship entry programs for high school students must broadened;

3) 1980 U.S. Census data should be used with other information to evaluate the effect of current employment practices on families.

Issue 2. Employer Policies and Practices

Policy: 1) Employers are encouraged to structure full time and part time working hours to accommodate family members' schedules and to provide benefits for comparable jobs;

2) Public and Private employers should consider flex time and experiment with job sharing and part time work;

3) Wage earners regardless of sex, age, or race, should receive same benefits.

Program: 1) Private employers should provide child care, and the cost should be borne by both employee and employer on a sliding scale basis;

2) Industry should be encouraged to locate work sites in impoverished areas near labor markets and neighborhoods to enhance family life.

Strategy: 1) Meaningful job training programs must be developed by private and public employers;

2) Employees with alternative lifestyles/sexual orientation, in terms of defining "the family", must be included in benefit programs.

Issue 3. Government Responsibility

Policy:
1) Government should reinforce an employer's responsibility to provide a safe work place, including the monitoring of health hazards to persons of child-bearing age;
2) Government should provide tax incentives for industry to locate in areas of high unemployment;
3) Income tax and welfare laws should provide an economic advantage to the employed person;
4) Government should provide tax incentives to businesses that provide flex time, child care, transportation, sick leave, etc.;
5) Government should provide work opportunities for underdeveloped inexperienced Americans in order to protect the home environment.

Program:
1) Promote expansion of funding of Title XX to meet child care needs of low income employed families;
2) Government should provide adequate funding for programs for displaced homemakers;
3) Government should provide Health and Life Insurance for those who cannot afford or obtain it through private insurers;
4) Social Security should be revised so it does not discriminate against women who earn less than men;
5) Employers should be informed about concept of equal pay for work of comparable value as a means of reviewing and setting wages.

Strategy:
1) Support revisions of Social Security laws so that homemakers

are credited with one-half of their spouses' Social Security benefits;

2) Support legislation to require pro-rated employment benefits for part-time workers;

3) Support legislation that would prohibit unwanted sexual contact as a criterion for employment decisions;

4) Government should devise a formula to audit jobs so that a statistical model for employers be established in support of comparable worth as a means of setting salaries;

5) Support legislation which will allow pension benefits to "travel" with employees and provide the homemaker with direct information regarding survivor benefits in pension programs.

IX

SPECIAL CHALLENGES

Commentary:

Marrying and planning for and raising a family are challenging enough even in the best of circumstances. However, when a family is confronted with special problems, their internal and external resources are stretched even furthur. The consensus in the analysis and recommendations for all ten of the topics was that the breakdown of extended family has made the responsibilities of the nuclear family even more difficult to manage.

Among the many special challenges possible for study, the three selected were the single parent family, the catastrophic illness and/or handicapping condition, and rearing the child of an adolescent in the adolescent's family's home. Each of these situation is disruptive and painful in itself and makes even greater demands on the family for adjustment and compromise, for mutual support.

Families headed by women have increased 32% in the 1970's and now represent more than 10% of all households. Of the 77.3 million households counted in the 1979 census, 9.7 million of those were headed by a single parent. Of the 68 million children counted in the 1978 census, 19% lived with only one parent. While the figures and percentages are alarming, the trends are even more significant. The single parent's stress derives from economic, social, and emotional factors. To provide financial and emotional support for a child represents a phenomenal responsibility, and the toll exacted on both the single parent and child cannot be overestimated.

National statistics on the incidence of handicapping conditions estimate thirty three million persons suffering from physical and mental disabilities.

Nearly 50%, or 15 million are unable to work, 2 million are institutionalized, and 2 million are confined to their homes. The numbers of persons affected by these disabilities -- spouses, friends, children, employers, etc. -- cannot be estimated. What is clear is that the trauma, the feelings of frustration, guilt, and impotence are widespread, and the impact on the family is immeasurable.

Alluded to in the Family Crisis section is the special challenge of teen pregnancy. In 1978, one million teenagers became pregnant, and 600,000 of these gave birth. Of these young women, 94% kept their babies (56% were married, 38% unmarried). In Illinois in 1978, there were 28,634 births to young women aged 19 or under, 16% of total state births. Statewide 19% of all pregnancies are to teenagers. The young women keeping their infants must cope with the adult task of motherhood and the developmental tasks of adolescence. The developmental needs of the infant and that of the adolescent mother are often discordant, resulting in the hazard of inconsistent care. For the adolescent parent remaining in her parents' home, the teenage task of establishing autonomy and separating from the family is postponed, as she often becomes dependent on her family for financial and emotional support and for child care after the baby is born.

Issue 1. Single Parent Families

Policy: 1) Individual families should have increased options in the allocation of resources to meet their needs;

2) It should be the policy of all government bodies to provide assistance for single parent families without jeopardizing two parent or extended family options; and judicial, legislative, and regulatory activities should support rather than supplant the natural capacity of extended families to help

single parents in coping with life situations;

3) A commitment should be made to a policy of full employment, including those persons who are now excluded from unemployment statistics because of current counting procedure; to a policy of ending job discrimination against women; and to a policy of equal pay for equal work;

4) Child care options of all kinds shall be developed and encouraged as a support service to single parents and their children;

5) Local initiative should be encouraged in developing new models of service.

Program: 1) A supplemental income is preferable to the addition of funding to the present categorical social welfare system;

2) Child care options should be available to single parents of all economic groups. These child care arrangements should stem from increased commitment and support from industry and places of employment and from an adequate level of funding from government at all levels;

3. State and federal funds should be made available on a community level to community based organizations for innovative ideas and new initiatives;

4) A study should be made of attitudes of those who receive and those who administer public assistance in order to remove the negative stigma attached to receiving assistance;

5) Legislation should be developed to end discrimination against single parents with children in the rental or purchase of housing.

Strategy: 1) Support legislation developed by Congress of Women Legislators to promote community based prevention programs, to reduce health risks of adolescent parents, and to develop support services for expectant parents;

2) Increase funding and staff for Equal Employment Opportunity Commission to ensure that discrimination complaints are handled in a timely manner;

3) The result of the Family Impact Seminars should be used to eliminate those regulations and procedures that jeopardize two parent or extended family options;

4) Encourage development of: self help groups by the development of clearing houses to integrate information, to promote training and technical assistance; directories for the dissemination of information; curricula for undergraduate and graduate training; referral resources;

5) Encourage effective use of the media by increased use of public service announcements, including themes in prime time programming, ensuring that information releases are written in a language intelligible to the consumer.

Issue 2. Disability and Catastrophic Illness

Policy: 1) Legislation, agencies, and programs should direct their efforts to the entire family unit, not just to the individual who is disabled or who is suffering from a catastrophic illness;

2) The rehabilitation case management system should involve disabled persons and their families more directly in the decision making regarding their care, treatment, and long range rehabilitation planning;

3) Mandated programs should be funded to the extent which they are mandated;

4) Special efforts are needed to promote equal employment opportunities for disabled persons;

5) Local initiatives should be encouraged in developing new models of service and strengthening existing services.

Program: 1) Opportunities should be made available to the family to present itself in its entirety to the rehabilitation system at the earliest possible time;

2) The occurrence of catastrophic illness and disabling conditions requires services be delivered immediately for crisis planning and management as well as long term planning for family based and externally supplemented continuing care;

3) Uniform mechanisms should be developed to enforce compliance with the state and federal laws regarding programmatic and physical accessibility to services for the disabled and catastrophically ill;

4) Programs to alter community and professional attitudes toward the chronically ill and the disabled should be implemented to avoid the fear, discomfort, and helplessness that are central to the avoidance of the ill and disabled, constituting an obstacle to the mobilization of family and community support and care. Programs of the same nature should be funded for the public education systems to strengthen the acceptance of handicapped students.

Strategy:

1) Develop clearing houses on self mutual aid groups and peer oriented support systems in every federal region of the country. They would integrate information, publish newsletters, provide training and technical assistance, sponsor conferences and workshops, and enable professionals and members of self-help groups to learn from each other;
2) Provide support for the development of directories of self-help mutual aid groups and encourage agencies, community organizations, schools, both public and private, to disseminate these directories in order to make such groups more accessible to the public;
3) Develop curricula in relevant undergraduate and graduate training programs on the nature and function of self-help mutual aid groups and other community support systems. The inclusion of such curricula should be required in the accreditation process training programs in medicine, psychology, social work, nursing, pastoral counseling, rehabilitation, psychiatry and other related disciplines;
4) Funding should be made available to encourage citizen input in the state-wide strategy for developing locally based peer oriented support networks, including self-help mutual aid groups and information and referral resources available to agencies and the public;
5) Use consumer involvement to identify gaps in planning resources for the physically, mentally, and emotionally disabled;

6) Encourage effective use of the media by increased use of public service announcements, including themes in prime time programming, and ensuring that information releases are written in language intelligible to the consumer.

Issue 3. The Adolescent Parent

Policy: 1) Individual adolescent families should have access to family life education, health, education, economics, and legal services.

2) Child care options of all kinds should be developed and encouraged as a support service to adolescent parents, their children and the extended family in which they reside;

3) Non-stigmatizing opportunities for the education of the teenage parent should be made readily available;

4) Job training and placement should be made available for single parents, including those under legal age;

5) Judicial, legislative, and regulatory activities should support rather than supplant the natural capacity of extended families to help teenage parents.

Program: 1) Male parents should be included in counseling and service;

2) Child care options should be available to teenage parents of all economic groups. These child care arrangements should stem from increased commitment and support from industry and places of employment, and from an adequate level of funding from government at all levels;

3) State and federal funds should be made available on a community level to community based organizations for innovative ideas and new initiatives;

4) Courses and counseling in family life planning, alternative life styles, and career choices should be adopted as part of the required curriculum in public and alternative education;

5) Mandate compilation and dissemination of information about available services, including the access points, i.e., courts of law, social agencies, hospitals, clinics, schools.

Strategy: 1) Support legislation developed by Congress of Women Legislators;

2) Review existing legislation and regulations to ensure that they support rather than supplant the natural capacity of the extended family in assisting teenage parents to cope with life situations;

3) Encourage development of self help groups by the development of: clearing houses to integrate information, to promote training and technical assistance; directories for the dissemination of information; curricula for undergraduate and graduate training; referral resources;

4) Encourage effective use of the media by increased use of public service announcements, including themes in prime time programming, and ensuring that information releases are written in language intellible to the consumer.

Dissenting Reports: Dissenting recommendations were filed in the following areas: the needs of Native American families as a special challenge and the Equal Rights Amendment's passage as a policy to end job discrimination against women vis-a-vis the single parent.

X

FINANCIAL POLICY

Commentary:

The quality of family life is inseparable from the availability of an adequate and steady income. Conditions outside the family's control -- prices for essentials such as food, shelter and fuel, national rates of inflation and unemployment, foreign policies relevant to trade and international price fixing -- bear directly on the family's ability to meet its own needs. Catastrophic illness or disability, local factory closings, family separation and divorce, while closer to home, are often equally uncontrollable for the family members involved.

Compounding all of these influences is the fact that there is no single set of public policies governing support services and financial assistance for families. While our society continues to support parents and the family as the principal architects of human character, laws and governmental fiscal policies restrict the family's autonomy in several ways.

The need for welfare reform has been recognized by American presidents and Congresses in the past two decades. What began as a basic federal support to widows, orphans, and disabled veterans after WW II has burgeoned into a complex and costly series of federal, state and local bureaucracies designed to assist several targeted populations. We now have Aid to Families with Dependent Children (AFDC), Aid to Families with Dependent Children--Unemployed or Incapacitated Father in the Home (AFDC-U/AFDC-I), Supplemental Security Income (SSI), Food Stamps, Medicare, Medicaid, school lunch programs, rental subsidies, FHA financed low interest mortgages, and General Assistance in addition to the Social Security Benefits originating in the 1940's. Whether all these benefits enacted by Congress and administered by federal, state and local agencies really support individuals or families is debated election

after election. Welfare reform means different things to different people, from dismantling the systems and restricting the "handouts" to expanding definitions of eligibility and investing more resources. There is consensus, however, that reform is needed.

Federal and state tax laws and policies have significant impact on the family's capacity for independence and self support. All families pay federal and state taxes on earned income, interest and dividends, capital gains, state and local taxes on food, medicine, luxury items, clothing, transportation, fuel, etc. Income credits, for tax purposes, usually benefit the more affluent and better informed -- whether interest on mortgages, educational/professional costs, depreciation related to fixed assets and equipment. Critics of taxation policies have long argued that most of the burden is borne by the middle class, with the "working poor" claiming only standard deductions and the wealthier taxpayers having access to more benefits or "loopholes." Again, while there is consensus that tax policies warrant reform, the specific recommendations are as varied as the policies themselves.

A third area of financial policy relevant to family independence relates to health care. Several of the recommendations developed in this area reiterate and support those developed in Section IV. Because both the policies of the private and public insurers and the medical treatment philosophy are based on a casualty model, the nationwide costs of health care are immense. The emphasis may better be placed on preventive health care, home care, incentives to families providing care rather than crisis intervention after the onset of illness and temporary and/or long term institutional care.

Issue 1. Welfare Reform

Policy: 1) Public financial assistance should provide adequate assistance and adequate and appropriately structured incentives to encourage personal independence and self-support;

2) Financial assistance should be provided at a level which will maintain dignity for individuals and families at an acceptable standard of living;

3) Financial and medical assistance and supportive social services should be available to all individuals and families in need as well as in crisis and without regard to artificial categorical requirements.

Program: 1) Review and reorganize at the federal and state level to address the problems of and laws harmful to the family.

Strategy: 1) Appointments of a rotating Advisory Council including recipients for the purposes of reviewing existing programs to identify gaps.

Issue 2. Tax Structure

Policy: 1) Revision of sales tax on food and drugs by eliminating such tax;

2) Tax policy should encourage care for elderly and handicapped in the home;

3) There should be incentives and tax shelters for saving at all levels;

4) Deductions for children should be consistent with the Consumer Price Index;

5) The marriage penalty should be revised.

Program: (Implied in the Policy Recommendations)

Strategy: 1) It is proposed that model guidelines for the respective policies should involve citizens in advisory groups which propose implementation of the above policies.

Issue 3. Preventive Health Care and Home Health Care

Policy: 1) Public policy should support adequate expenditures on health promotion and preventive health care as well as on corrective services;

2) Funding should support plans and patterns which are conducive to the family assuming personal and financial responsibilities for aging and/or disabled individuals outside the home;

3) Funding should support health care services which are sensitive to the diversity of cultural values in the U.S. and which support individual choice.

Program: 1) To promote education and information services as basic to health promotion and preventive health care;

2) Establishment of programs which will provide financial aid for families to maintain their fragile elderly outside institutional settings.

Strategy: 1) Provide local programs which focus on education of families in health maintenance and preventive health care;

2) Establish funding for services provided to indigent family members by family members or others which will make possible the retention of those individuals in the home and outside of the institutional setting.

SUMMARY REMARKS

This report describes the process designed in Illinois to respond to President Carter's initiative for a White House Conference on Families. It also describes the product of that process, recommendations in ten topic areas of importance to the American family. Despite the separation of those ten topics and the different responses generated, common themes emerging throughout the hearings, the balloting, the task force reports and the Illinois Conference recommendations should be noted.

In his introductory remarks to the Illinois Conference, Greg Coler, Director of the Illinois Department of Children and Family Services, stated: "One issue which undoubtedly runs through the debate in your committees is the question of how far government should intrude into personal and family life." Mr. Coler's prediction is realized in final recommendations from Illinois. While most of them do call for federal, state and local government leadership, there is an accompanying demand for family and community involvement in planning and implementation. There is an insistence on the family's being the primarily responsible agent and the final arbiter in public policies affecting them. There is an insistence on the community's capacity to define its own problems and resolutions. The conclusion appears to be that public resources should supplement and support, not replace, the family and the community resources.

A second thematic concern which emerges throughout is the need for national recognition of the changing family. The increasing numbers of single parent families and two income families, the decreasing family resources proportionate to increasing demands, the effects of greater mobility and freedom have severely altered this country's traditional definitions of and approaches to family life. As a nation, we must recognize these changes and respond to them in a humane and supportive fashion.

It would appear that the citizens in Illinois have already met some of the goals established by the President's Advisory Committee. The broad discussion of families has been initiated. Families have spoken and been heard. Public policies, economic forces, and societal institutions have been examined for their positive and negative impact on family life. In this present report, Illinois has made its statement on family life. In its future activities, Illinois will test the commitment of its citizens and its local and state government.

Appendix I

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Tou-Fu Vang, Chicago, Illinois

Esther L. Wald, Chicago, Illinois

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Don Watanabe, Chicago, Illinois

Betty Wedman, M.S., R.D., Hinsdale, Illinois

Dorothy Werner, Chicago, Illinois

Kathleen West, Chicago, Illinois

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John Whitney, Belleville, Illinois

Sandra Williams, Streator, Illinois

Marvin E. Winkeler, Belleville, Illinois

Harold C. Wright, Wheaton, Illinois

STATE OF ILLINOIS

Proclamation

A White House Conference on Families has been called by President Carter to "examine the strengths of American families, the difficulties they face, and the ways in which family life is affected by public policies."

The stability of American families is critical to the strength of our nation. In Illinois we have labored to find sensible policy directions to help insure public support for family life. Illinois' experience and views should play a significant role in the national conference focusing on the critical issue of family life as affected by government actions.

To allow our citizens full access into and use of the national conference, I am calling an Illinois Conference on Families to precede the White House Conference. The Illinois Conference will:

- Focus attention on what is affecting families in Illinois.
- Identify the impact of public programs and policies on family life.
- Build a framework within which various members of the Illinois community can meet for the purpose of examining, recommending and advocating policies for strengthening family life.
- Develop a report and make known the findings of both the Illinois and White House Conferences to Illinois citizens.
- Develop criteria and a process for selecting delegates to the White House Conference on Families.

The Illinois Conference will include a series of regional hearings to take testimony from family members, representatives of organizations and agencies concerned about families, members of the academic community, leaders in the religious community, public officials, employers and program administrators. The testimony will focus on concerns, ideas, successes and problems related to family life.

The hearings will help identify the key issues and concerns of Illinois families and make certain those important matters are carried to the White House Conference on Families.

To organize and carry out the Illinois Conference, I designate the Junior Leagues of Illinois and the Illinois Association of Family Service Agencies as Conference co-sponsors.

I further designate Frances Ann Rohlen, of the Junior Leagues, and Rodman A. St. Clair, President of the Illinois Association of Family Service Agencies, as Co-Chairpersons.

To truly succeed, the Illinois Conference on Families should include a full examination of the strengths and weaknesses of Illinois families and the problems they face.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.

Done at the Capitol in the City of Springfield this Seventeenth day of December in the Year of Our Lord one thousand nine hundred and Seventy - Nine and of the State of Illinois the one hundred and Sixty - Second

SECRETARY OF STATE

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GOVERNOR

Appendix V

ILLINOIS DELEGATES TO THE WHITE HOUSE CONFERENCE ON FAMILIES

Mrs. Michael Andreas, Decatur, Illinois

Roger Arnholdt, Moline, Illinois

Representative Jane Barnes, Oak Lawn, Illinois

Ellen Benjamin, Chicago, Illinois

Rosemary Bombela, Chicago, Illinois

Dr. Geraldine R. Bowie, Carbondale, Illinois

Bonnie Bowlby, Decatur, Illinois

Barbara Bowman, Chicago, Illinois

Diane Shiner Breznau, Metropolis, Illinois

Ronald Brija, Brookfield, Illinois

Joanne Broadbent, Champaign, Illinois

Forrestine Bell Brooks, Chicago, Illinois

Agnes Brummer, Dieterich, Illinois

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